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## BIB DATA SHEET

CONFIRMATION NO. 8938

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT   | ATTORNEY DOCKET<br>NO.          |                         |                               |
|---|---|--|--|---------------------------------|-------------------------|-------------------------------|
| 10/582,006  | 06/07/2006  | 435  | 1648   | NIH272.001NP                    |                         |                               |
| <b>RULE</b>   |   |  |  |                                 |                         |                               |
| <b>APPLICANTS</b><br>Ching-Juh Lai, Bethesda, MD;<br>Robert H. Purcell, Gaithersburg, MD;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/40674 12/03/2004<br>which claims benefit of 60/528,161 12/08/2003<br>and claims benefit of 60/541,676 02/04/2004<br>and claims benefit of 60/552,528 03/12/2004<br>and claims benefit of 60/574,492 05/26/2004<br>and claims benefit of 60/624,261 11/01/2004<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>02/28/2007 |   |  |  |                                 |                         |                               |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/MARY MOSHER/</u><br>Examiner's Signature  |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b>                                  | <b>SHEETS<br/>DRAWINGS</b>      | <b>TOTAL<br/>CLAIMS</b> | <b>INDEPENDENT<br/>CLAIMS</b> |
|   |   |  | MD   | 20                              | 25                      | 4                             |
| <b>ADDRESS</b><br>KNOBBE, MARTENS, OLSON & BEAR, LLP<br>2040 MAIN STREET<br>FOURTEENTH FLOOR<br>IRVINE, CA 92614<br>UNITED STATES   |   |  |  |                                 |                         |                               |
| <b>TITLE</b><br>Monoclonal antibodies that bind or neutralize dengue virus  |   |  |  |                                 |                         |                               |
| <b>FILING FEE<br/>RECEIVED</b><br>3080  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees                            |                                 |                         |                               |
|   |   |  | <input type="checkbox"/> 1.16 Fees (Filing)                  |                                 |                         |                               |
|   |   |  | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                                 |                         |                               |
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